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23719	7590 06/10	/2010	r	ave its own certifical	e ot matting	g or transmission.	
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NEW YORK, N	[(Depositor's name)					
			ľ				(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/535,589	11/30/2005		Rainer Domesle		UMICORE 0086-US		7501
TITLE OF INVENTION: METHOD FOR COATING A CATALYST CARRIER CONTAINING TWO DIFFERENT PARTIAL STRUCTURES WITH A CATALYTICALLY ACTIVE COATING, AND CATALYST OBTAINED THEREBY							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	PREV. PAID ISSU	E FEE T	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	09/10/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
STALDER, MELISSA A		1793	502-439000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, altern (2) the name of a si	f a single firm (having as a member a mey or agent) and the names of up to tent attorneys or agents. If no name is			
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
UMICORE AG & CO. KG HANAU, GERMANY							
Please check the appropriate assignee category or eategories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted: State Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Korne Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0171 (enclose an extra copy of this form).				
5. Change in Entity Stat	us (from status indicated	d above)					
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
NOTE: The Issue Fee and interest as shown by the r				n the applicant; a reg	istered alto	rncy or agent; or the	c assignee or other party in
Authorized Signature	Willia	-D. Sel		Date Se	-psen	16er 2 9,492	,2010
	William D. So						
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